

West Virginia State Treasurer
Report of Unclaimed Property for Life Insurance Companies
Form UP 8-11

Holder Name	FEIN Number
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Item No.	Property Type Code	Property Description			
Annuitant or Insured Last name		First Name		Middle Initial	Title
Last Known Address		City	State	Zip	Country, If Not USA
Date of Last Activity or Limiting age	Insured Social Security Number	Date of Birth	Dormancy Charge	Amount Remitted to Treasury \$	
Complete Additional Boxes (Below) If There Is More Than One Owner For This Property and for Beneficiary Information					
Additional Owner Last Name		First Name	Middle Initial	Additional Owner Social Security Number	
Beneficiary Last Name		First Name	Middle Initial	Beneficiary Social Security Number	
Last Known Address		City	State	Zip	Country, If Not USA

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AGENCY USE ONLY

FIMS # _____ Deposit Date _____

Date Accounts Entered _____ By Whom _____

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PAGE ____ OF ____ PAGE TOTAL \$

IF LAST PAGE, ENTER GRAND TOTAL REMITTED \$